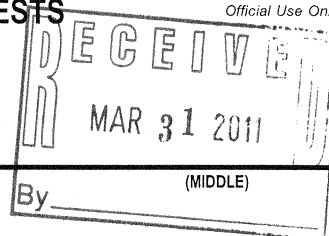


**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
Official Use Only



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Quint Robert

**1. Office, Agency, or Court**

Agency Name

California Institute for Regenerative Medicine

Division, Board, Department, District, if applicable

Your Position

ICOC Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010. ☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
-or- (Check one)  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010. ☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- ☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
[REDACTED] SAN JOSE CA [REDACTED]  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
[REDACTED] [REDACTED]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 29 Mar 2011  
(month, day, year)

Signature [REDACTED]

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____

**► 1. BUSINESS ENTITY OR TRUST**

Name  
Robert A Quint Medical Corporation

Address (Business Address Acceptable)  
\_\_\_\_\_

Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
☒ Sole Proprietorship    ☐ Partnership    ☐ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property  
\_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property  
\_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_    ☐ Other \_\_\_\_\_  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**► 1. BUSINESS ENTITY OR TRUST**

Name  
\_\_\_\_\_

Address (Business Address Acceptable)  
\_\_\_\_\_

Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT  
☐ Sole Proprietorship    ☐ Partnership    ☐ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property  
\_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property  
\_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/10    ____/____/10
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED    DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_    ☐ Other \_\_\_\_\_  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Robert A Quint

ADDRESS (Business Address Acceptable)

\_\_\_\_\_ San Jose \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical Practice

YOUR BUSINESS POSITION

President and Physician

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_